

30-4917

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HIL		11-17-01
OLP E. CLASSIFIER			10 5-7-01
FORMALITY REVIEW	AM	917	06-06-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Not selected for review
- (Through numeral)
- ✗ Not selected for review
- Rejected
- Allowed
- Cancelled
- Restricted
- M
- I
- A
- O
- Non-elected interference
- Appeal
- Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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